

Do not write in this space.

OMB Control No. 3060 - 0854
Estimated time per Response: 1.0 hour

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FOCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-1856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to RA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference) FCC Form 472 Invoice #
(To be inserted by administrator) 2580956

YR18FSDSudBEAR

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	NORTHERN HUMBOLDT CONSORTIUM OF SCHOOLS
2. Billed Entity Number	217983
3. Service Provider Identification Number (SPIN)	143030559
Applicant FCC Form 498 ID	443015275
4. Contact Name	Suzie McCray
5. Contact Telephone Number	707 - 8396492 ext
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$2,939.52

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name NORTHERN HUMBOLDT CONSORTIUM OF SCHOOLS Billed Entity Number 217983
 Contact Name Suzie McGray Contact Telephone Number 707-8396492
 Applicant Form Identifier YR18FSDSudBEAR

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	1037347	2824506	MONTHLY	1/11/2016		\$349.95	70.00	\$244.96
2	1037347	2824506	MONTHLY	6/11/2016		\$349.95	70.00	\$244.96
3	1037347	2824506	MONTHLY	7/11/2016		\$349.95	70.00	\$244.96
4	1037347	2824506	MONTHLY	2/11/2016		\$349.95	70.00	\$244.96
5	1037347	2824506	MONTHLY	10/11/2015		\$349.95	70.00	\$244.96
6	1037347	2824506	MONTHLY	4/11/2016		\$349.95	70.00	\$244.96
7	1037347	2824506	MONTHLY	8/11/2015		\$349.95	70.00	\$244.96
8	1037347	2824506	MONTHLY	12/11/2015		\$349.95	70.00	\$244.96
9	1037347	2824506	MONTHLY	9/11/2015		\$349.95	70.00	\$244.96
10	1037347	2824506	MONTHLY	11/11/2015		\$349.95	70.00	\$244.96
11	1037347	2824506	MONTHLY	5/11/2016		\$349.95	70.00	\$244.96
12	1037347	2824506	MONTHLY	3/11/2016		\$349.95	70.00	\$244.96
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$2,939.52

Applicant Form Identifier YR18FSDSudBEAR

Block 3: Billed Entity Certification

E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

July 201